

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

ORRINPAC

ADDRESS (number and street)

175 S. WEST TEMPLE, SUITE 650

☐Check if different  
than previously  
reported. (ACC)

SALT LAKE CITY

UT

84101

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00235572

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

06

01

2011

through

06

30

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

STANLEY R. DE WAAL

Signature of Treasurer

Electronically Filed by STANLEY R. DE WAAL

Date

07

19

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
 ORRINPAC

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		96358.87
(b) Cash on Hand at Beginning of Reporting Period .....	89274.09	
(c) Total Receipts (from Line 19) .....	23500.00	63750.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	112774.09	160108.87
7. Total Disbursements (from Line 31) .....	41175.95	88510.73
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	71598.14	71598.14
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
 999 E street, NW  
 Washington, DC 20463

Toll Free 800-424-9530  
 Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name  
ORRINPAC

Report Covering the Period:

From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	0.00	500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	23500.00	63250.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	23500.00	63750.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	23500.00	63750.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	23500.00	63750.00

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	2175.95	44910.73	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	2175.95	44910.73	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	39000.00	42000.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees .....	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	1600.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	41175.95	88510.73	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	41175.95	88510.73	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	23500.00	63750.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23500.00	63750.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2175.95	44910.73
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2175.95	44910.73

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 13

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORRINPAC

**A.**

Full Name (Last, First, Middle Initial)  
AMERICAN HEALTH CARE ASSOCIATION PAC

Mailing Address 1201 L ST, NW

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing  
federal political committee.

**C** C00006080

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: 10615.C3974

Amount of Each Receipt this Period

5000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
BAXTER HEALTHCARE CORPORATION PAC

Mailing Address 1501 K STREET, NW, STE 375

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing  
federal political committee.

**C** C00117838

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: 10719.C3981

Amount of Each Receipt this Period

1000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
BUILD PAC

Mailing Address 1201 15TH ST, NW

City State Zip Code  
WASHINGTON DC 20005-2800

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: 10719.C3977

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

11000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 13

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORRINPAC

**A.**

Full Name (Last, First, Middle Initial)

CARDINAL HEALTH INC. PAC

Mailing Address 7000 CARDINAL PL

City

DUBLIN

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

**C**

C00332833

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 1 1

Transaction ID: 10615.C3973

Amount of Each Receipt this Period

500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

CARDINAL HEALTH INC. PAC

Mailing Address 7000 CARDINAL PL

City

DUBLIN

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

**C**

C00332833

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: 10719.C3979

Amount of Each Receipt this Period

3000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

CEPH-PAC

Mailing Address 145 BRANDYWINE PARKWAY

City

WEST CHESTER

State

PA

Zip Code

19380

FEC ID number of contributing  
federal political committee.

**C**

C00378794

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: 10719.C3980

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

8500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 13

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORRINPAC

**A.**

Full Name (Last, First, Middle Initial)  
REITPAC REAL ESTATES INVESTMENTS TRUST

Mailing Address 1875 I ST, NW, STE 600

City State Zip Code  
WASHINGTON DC 20006-5413

FEC ID number of contributing  
federal political committee. **C** C00303339

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: 10719.C3978

Amount of Each Receipt this Period

2500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
WEYERHAEUSER PAC

Mailing Address 400 N. CAPITAL ST, NW, STE 490

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing  
federal political committee. **C** C00007948

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: 10615.C3975

Amount of Each Receipt this Period

1500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

23500.00



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 13

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 ORRINPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Autumn E-Media Mailing Address PO Box 371553	<b>Transaction ID:</b> 10719.E2303 <b>Date of Disbursement</b> <div> <div>06</div> <div>15</div> <div>2011</div> </div>
City LAS VEGAS State NV Zip Code 89137- Purpose of Disbursement Pac fundraiser consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>833.00</div> <b>PAC FUNDRAISER CONSULTING</b>
<b>B.</b> Full Name (Last, First, Middle Initial) CBIZ MHM, LLC Mailing Address 175 SOUTH WEST TEMPLE, SUITE 650 City SALT LAKE CITY State UT Zip Code 84101- Purpose of Disbursement Accounting fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 10719.E2305 <b>Date of Disbursement</b> <div> <div>06</div> <div>15</div> <div>2011</div> </div> <b>Amount of Each Disbursement this Period</b> <div>700.00</div> <b>ACCOUNTING FEES</b>
<b>C.</b> Full Name (Last, First, Middle Initial) OCTOBER, INC. Mailing Address 11445 DIVEY AVENUE City LAS VEGAS State NV Zip Code 89138- Purpose of Disbursement Pac fundraising consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 10719.E2312 <b>Date of Disbursement</b> <div> <div>06</div> <div>15</div> <div>2011</div> </div> <b>Amount of Each Disbursement this Period</b> <div>500.00</div> <b>PAC FUNDRAISING CONSULTING</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

**2033.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 13

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ORRINPAC

**A.**

Full Name (Last, First, Middle Initial)  
RootsHQ, LLC

Mailing Address 211 7th Avenue North  
Suite LL-15

City NASHVILLE State TN Zip Code 37219-

Purpose of Disbursement  
Email management

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 10719.E2314

Date of Disbursement

/   /

Amount of Each Disbursement this Period

99.00

EMAIL MANAGEMENT

**B.**

Full Name (Last, First, Middle Initial)  
ZIONS BANK

Mailing Address 310 SOUTH MAIN ST

City SALT LAKE CITY State UT Zip Code 84101-

Purpose of Disbursement  
Merchant account fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 10719.E2318

Date of Disbursement

/   /

Amount of Each Disbursement this Period

43.95

MERCHANT ACCOUNT FEES

**SUBTOTAL** of Disbursements This Page (optional) .....

142.95

**TOTAL** This Period (last page this line number only) .....

2175.95

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 13

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 ORRINPAC

**A.** Full Name (Last, First, Middle Initial)  
 ROB BISHOP FOR CONGRESS

Mailing Address 74 N. 300 E.

City BRIGHAM CITY State UT Zip Code 84302-

Purpose of Disbursement  
 CONTRITUION TO PRIMARY

Candidate Name  
 ROBERT BISHOP

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: UT District: 01

Transaction ID: 10719.E2313

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

CONTRITUION TO PRIMARY

**B.** Full Name (Last, First, Middle Initial)  
 BOB CORKER FOR SENATE, INC.

Mailing Address PO BOX 848

City CHATTANOOGA State TN Zip Code 37401-

Purpose of Disbursement  
 CONTRIBUTION TO PRIMARY

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 10719.E2304

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4000.00

CONTRIBUTION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
 FRIENDS OF DICK LUGAR

Mailing Address PO BOX 55952

City INDIANAPOLIS State IN Zip Code 46205-

Purpose of Disbursement  
 CONTRIBUTION TO PRIMARY

Candidate Name  
 RICHARD G LUGAR

Category/  
 Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 00

Transaction ID: 10719.E2306

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4000.00

CONTRIBUTION TO PRIMARY

**SUBTOTAL** of Disbursements This Page (optional) .....

13000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 / 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ORRINPAC**A.** Full Name (Last, First, Middle Initial)  
FRIENDS OF JOHN BARRASSO

Mailing Address PO BOX 52008

City CASPER State WY Zip Code 82605-

Purpose of Disbursement  
CONTRIBUTION TO PRIMARYCandidate Name  
JOHN A BARRASSOCategory/  
TypeOffice Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: WY District: 00

Transaction ID: 10719.E2309

Date of Disbursement

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Amount of Each Disbursement this Period

4000.00

CONTRIBUTION TO PRIMARY

**B.** Full Name (Last, First, Middle Initial)  
HELLER FOR SENATEMailing Address ATTN: KATE SZAFRAN  
9525 HILLWOOD DRIVE

City LAS VEGAS State NV Zip Code 89134-

Purpose of Disbursement  
CONTRIBUTION TO GENERALCandidate Name  
DEAN HELLERCategory/  
TypeOffice Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2012 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: NV District: 02

Transaction ID: 10719.E2311

Date of Disbursement

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)  
HELLER FOR SENATEMailing Address ATTN: KATE SZAFRAN  
9525 HILLWOOD DRIVE

City LAS VEGAS State NV Zip Code 89134-

Purpose of Disbursement  
CONTRIBUTION TO PRIMARYCandidate Name  
DEAN HELLERCategory/  
TypeOffice Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District: 02

Transaction ID: 10719.E2310

Date of Disbursement

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION TO PRIMARY

SUBTOTAL of Disbursements This Page (optional) .....

14000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 13

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 ORRINPAC

<b>A.</b> Full Name (Last, First, Middle Initial) SCOTT BROWN FOR US SENATE COMMITTEE	<b>Transaction ID:</b> 10719.E2315 <b>Date of Disbursement</b>
Mailing Address PO BOX 395	<div> <div> <div>M</div> <div>M</div> </div> <div>/</div> <div> <div>D</div> <div>D</div> </div> <div>/</div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>0</div> <div>6</div> </div> <div> <div>3</div> <div>0</div> </div> <div> <div>2</div> <div>0</div> <div>1</div> <div>1</div> </div>

**SUBTOTAL** of Disbursements This Page (optional) .....

12000.00

**TOTAL** This Period (last page this line number only) .....

39000.00